

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-0009.M2**

July 14, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0990-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

**Clinical History:**

This female claimant injured her wrist in a work-related accident on \_\_\_\_\_. She subsequently underwent several wrist surgeries. She continued to complain of stabbing pain in the right shoulder, down the right arm, and into the wrist and hand. She also complained of edema, coldness, burning, excess sweating, a clammy feeling, thinner nails on the right side, and heaviness in the right arm.

She was diagnosed with possible reflex sympathetic dystrophy and myofascial pain of the right upper extremity. She received diagnostic and therapeutic stellate ganglion block and trigger point injections, with no significant improvement. The patient then reported increasing headaches.

Over the next five years, several sets of Botox injections were performed on the right upper back and right upper extremity. Initially, these injections provided reasonably good results, but with decreasing efficacy and duration of relief as time wore on. The patient continued to require intermittent trigger point injections of all of the Botox-treated areas in between Botox therapy. She also received a permanent spinal cord stimulator implant sometime between 12/21/99 and 01/22/02. Despite the spinal cord stimulator implantation, the patient continued to complain of right upper back and right upper extremity pain, receiving several more sets of trigger point and Botox injections.

In early 2003, the patient's pain migrated between her right upper back, right upper extremity, thorax, and head. Physical examinations were essentially the same from visit to visit, documenting diffuse trigger point tenderness in the right

upper extremity and/or right upper back and/or right thorax. On the last documented physical exam on 04/15/03, the patient's findings were essentially no different than the findings on initial evaluation of 09/10/97.

**Disputed Services:**

Eight Botox chemo-denervation injections with EMG guidance.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the injections named above are not medically necessary in this case.

**Rationale:**

As time has gone on, the patient's physical examination has not significantly changed. She has not obtained significant long-lasting clinical benefit from the continuing multiple trigger point injections, or Botox chemo-denervation injections that have been recently performed. The patient has also had a spinal cord stimulator implanted, which, allegedly, was done to relieve the very symptoms that are not leading to the request for further Botox injections.

It is not medically reasonable or necessary to continue to provide or repeat treatment that becomes less and less effective with each subsequent repetition of the treatment. That is clearly the progression of events that is unfolding in this case. It is the lack of significant, long-lasting clinical benefit from the prior Botox chemo-denervation procedures performed, especially those recently, that dictates the repeating of that treatment as not medically necessary.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 14, 2003.

Sincerely,